Code p Blue a P	rink	Time Event Recognized		Witnessed: Yes No	
Hospital-wide resusci	tation response activated?		t conscious at onset? 🗆 Yes 🖽 No		
		tion was identified? 🛮 Pulsele			
id the patient with a	pulse requiring compression	ns become pulseless? Yes	□ No		Links to
Airway/ Ventilation				1st Rhythm Requiring Compressions: Asys	Outcome Time Resuscitation Event Ended:
Breathing Spontaneous	Ventilation Bag-Valve-Mask	Intubation Time: 2:30	Confirmation Auscultation	1st Pulseless Rhythm:	
Apneic Agonal	Endotracheal Tube Tracheostomy	Size : By Whom:	□ Exhaled CO3 □ Other	Impedance Threshold Device used? ☐ Yes AED Applied: ☐ Yes ☐ No Time:	□ Survived – Return of Circulation (ROC) >20 min
Assisted	D Other:			Pacemaker On: Yes No Time: Defibrillator Type(s):	Died – Efforts Terminated (No Sustained ROC)

	Pul	se				Breat	hing			Type				lolus Me f given b						sions cc per h	ır		
Time	Spontaneous	Assisted	HR	Rhythm	ВР	Spontaneous	Assisted	SpO2	CPR	Defibrillator Ty AED / Manu	Joules	Epinephrine	Atropine	Sodium Bicarbonate	Adenosine	Amiodarone	Lidocaine	Dopamine	Dobutamine	Epinephrine	Norepinephrine	Other Infusions /Volume replacement or Blood products given	Comments
1:15		1	Asyckile																			NS 500 ml bother giver	
2:17		1	1	1								1					Esi		1		-	1-200 LORGE CO.	The Reservoir
2:19		/	1/																				
2:20		1	IJ	8111								/	EN							10.8			Mary Control of the C
£:22		/	II.																			Dro goin + NS	IL belies initiated
4:23		1										/	J. G.	/				131	HE	99			
2:24		1	PEA																				
2:25		1										1913											
2:26		1	PEA									0											
2:28		1	11											-							-		
2:29		1										/											
2:30		1	PEA																				
2:32		1	PEA									/											

pate:	Time Event	Time Event Recognized Location:					
Code Blue Pink	Team Arriva	I Time:	Weight (Kg):	Height (cm):			
Hospital-wide resuscitation response a	ctivated? Yes No	Was patient con	scious at onset? Yes No				
Condition when need for compressions	/defibrillation was identifie	ed? Dulseless	Pulse (poor perfusion)				
Did the patient with a pulse requiring of	ompressions become pulse	eless? 🗆 Yes 🗆 No					
			NAME OF TAXABLE PARTY.	Cinculation			

lirway/	

Am ereall a curementary			A STATE OF THE PARTY OF THE PAR
Breathing	Ventilation	Intubation	Confirmation
□ Spontaneous	□ Bag-Valve-Mask	Time:	□ Auscultation
□Apneic	☐ Endotracheal Tube	Size :	□ Exhaled CO3
□Agonal	□ Tracheostomy	By Whom:	Other
- Assistad	Other		

1st Rhythm Req	uiring Compressions		
1st Pulseless Rh	ythm:	0.00	
Time Chest Com	pressions Started:		
Impedance Thre	shold Device used?	□ Yes	D No
AED Applied:	☐ Yes ☐ No Time:		
Pacemaker On:	☐ Yes ☐ No Time:		1997
Defibrillator Typ	e(s):		

Outcome

Time	Resuscitation	Event	Ended:	

Reason Resuscitation Ended:

□ Survived – Return of Circulation (ROC) >20 min Died – Efforts Terminated (No Sustained ROC)

	Pul	se				Brea	thing			al al				Bolus Me f given b						sions cc per h	ır	
Time	Spontaneous	Assisted	HR	Rhythm	BP	Spontaneous	Assisted	SpO2	CPR	Defibrillator Type AED / Manual	Joules	Epinephrine	Atropine	Sodium Bicarbonate	Adenosine	Amiodarone	Lidocaine	Dopamine	Dobutamine	Epinephrine	Norepinephrine	Other Infusions /Volume replacement or Blood products given Comments
1:33		1	PEA						/			/										
2234		1	FINE			86	26		1	1-	RO		1700	318				10.11	1815	133		
2:36		1	FINE						1	1:	200	/										
2:38		1	PEA						1								/	3-1				
2:39		/							/			Y										
2:40		/	PEA,	-					1			128		1						ST	166	The track of the letter of the
1:42		1	pulset	h					1	/	200											
2:44		1	PEA						/						TES.	/				1000		
2:45		/							1			/										
2:46		1	PEA						1											334		Mg Sulpak 2g given
2:48		/	PEA						/			/										Mg Sulpak 20 given Alterland roma given
2:50		/	PEA						1											1		
1:01									/			/										

	Time Event	Time Event Recognized Location:							
Code p Blue Q Pink	And the second s	Team Arrival Time: Weight (Kg):							
The living resuscitation response ac	ivated? □ Yes □ No		ous at onset? Yes No						
readition when need for compressions/	defibrillation was identifi-	ed? □ Pulseless □ Pu	ise (poor perfusion)						
Did the patient with a pulse requiring co	mpressions become puls	eless? □ Yes □ No		Circulation					

Alaway/Ventilation

Airway/ Ventilation			Confirmation
Breathing Spontaneous Apneic Agonal	Ventilation Bag-Valve-Mask Endotracheal Tube Tracheostomy	Intubation Time: Size : By Whom: 4	☐ Auscultation ☐ Exhaled CO3 ☐ Other

Circulation

1st Rhythm Requiring Compressions:

1st Pulseless Rhythm:

Time Chest Compressions Started:

Impedance Threshold Device used? □ Yes □ No

AED Applied: □ Yes □ No Time:

Pacemaker On: □ Yes □ No Time:

Defibrillator Type(s):

Time Resuscitation Event Ended: ____

Reason Resuscitation Ended:

☐ Survived – Return of Circulation (ROC) >20 min ☐ Died – Efforts Terminated (No Sustained ROC)

Т	Pul	se		-		Breat	hing			ed T				lolus Me given b					Infus Dose / c	sions c per h		27	
Time	Spontaneous	Assisted	HR	Rhythm	ВР	Spontaneous	Assisted	SpO2	CPR	Defibrillator Type AED / Manual	Joules	Epinephrine	Atropine	Sodium Bicarbonate	Adenosine	Amiodarone	Lidocaine	Dopamine	Dobutamine	Epinephrine	Norepinephrine	Other infusions /Volume replacement or Blood products given	Comments
:<2			18A						/	-								-	-		-		
1:54			PEA						/		-	/	-	-	-	-	-		-	-	-	Calcium Chloride 1g	
1:54			PEA						/			-		/	-	-	-	-	-	+	-	carata chance ig	
2:59			PEA						/			/			-	-	-	-	-	+-	1		
1:52			PEA						1		_	-		-	-	-	-	-	-	-	-		
3:00			PER						/	-	-	/		-	-	-	+	-	+				
3:02			TEZ					-	1	-		-	-	-	-	-	-		+	-	-		
8:03			PEA				_	-	~	-	-	1	_	-	-	-	-	-	+	-	-		
8:04			TEA						/	-		-	-	-	-	+	-	-	-	1	-		
3:00			PEA					_	/	-		-	-	+-	-	+-	-	+-	-	-	-		
3:06			PEA						1	-		/	-	-	-	+		+	+	-	1		
3:07			PEA						/	-	-	-	-		-	-	-		+	-	+	Whiles Day alon	
3.70			PD		1				/			1_	-			+	1			-		Mikplane 50 mg often	

TIVES PRODUCT

	Time Event R	ecognized	Location:	Witnessed: D Yes D No
Code p Blue p Pink	Team Arrival	and the second s	Weight (Kg):	Height (cm):
in I wide ensure itation response and			us at onset?	
Condition when need for compressions/ Did the patient with a pulse requiring co	defibrillation was identified	less? n Yes n No	se (poor perrosion)	
Did the patient with a pulse requiring co	impressions decorre poise.			Circulation

Airway/ Ventilation Confirmation Ventilation Intubation Breathing ☐ Auscultation n Bag-Valve-Mask Time:_ ci Spontaneous D Exhaled CO3 □ Endotracheal Tube □ Apneic Other_ By Whom: a Tracheostomy n Agonal D Other:_ () Assisted

Circulation	
1st Rhythm Requ	uiring Compressions:
1st Pulseless Rhy	ythm:
Time Chest Com	pressions Started:
Impedance Thre	shold Device used? Yes No
AED Applied:	□ Yes □ No Time:
	□ Yes □ No Time:
Defibrillator Typ	pe(s):

Outcome	44
Time Resuscitation Event Ended:	

Reason Resuscitation Ended:

□ Survived – Return of Circulation (ROC) >20 min
□ Died – Efforts Terminated (No Sustained ROC)

	Puls	se		Г		Breat	thing			Type			(* if	lolus Me given b	edication	ube)			Infu Dose /	sions cc per h	ır	13	
Time	Spontaneous	Assisted	HR	HR - Rhythm	BP	Spontaneous	Assisted	SpO2	CPR	- m	Joures	Epinephrine	Atropine	Sodium Bicarbonate	Adenosine	Amiodarone	Lidocaine	Dopamine	Dobutamine	Epinephrine	Norepinephrine	Other Infusions /Volume replacement or Blood products given	Comments
309	-			PA					/			/							_		-		
0:10		-		PB					/												-		
5:12				PEA					1			/				_		-			-		
3.14				PEA					1					-	-		-	-	-	-	-		
3:15				9					/	-		/	-	-	-	+	-	-		1	-		
5:16				PtA					/	-	-	-	-	-	-	+	+	+	-	-	-		
3:18				PEA					/	-		/	-	-	-	-	+	-	-	+	+		
3:20				PEA					1		-	-	-	-	-	-	+-	-	+	+-	+		
3:21									1		-	/	-	-	-	+-	+-	-	+-	+-	-		
				PEF	1				1	_	_	-	-	-	-	-	+	-	+-	+	-		
8:22									/		-	/		-	-	-	+	-	-	+	+		
3:24				PEA					/			-	_	-	-	_	+-	+	+	+-	-		
2.00				DEL	1							/				_			1	-		Legend	

hycardia

n via ET

☐ Auscultation

Exhaled CO3

a Other_

		Time Event Re	cognized	Location:	Witnessed: p Yes p No
Date: Date D Pink		Team Arrival T		Weight (Kg):	Height (cm):
the livide securedal	ion response activated?	n Yes n No	Was patient co	nscious at onset? 🗆 Yes 🗆 N	lo
Condition when need for	r compressions/defibrilla	ation was identified	? □ Pulseless	□ Pulse (poor perfusion)	
Did the patient with a pu	ulse requiring compressi	ons become pulsele	ss? pres pr	0	Circulation
					1st Rhythm Requ
Airway/ Ventilation		Intul	pation	Confirmation	1st Pulseless Rhy
Breathing	Ventilation	intui	Jacion	74.74	Time Chest Com

Time:

Size :_

By Whom:

n Bag-Valve-Mask

□ Tracheostomy

Other:_

☐ Endotracheal Tube

ci Spontaneous

n Apneic

n Agonal n Assisted

1st Rhythm Req	uiring Compressions:
1st Pulseless Rh	ythm:
	pressions Started: shold Device used? ☐ Yes ☐ No
	□ Yes □ No Time:
Pacemaker On:	□ Yes □ No Time:
Defibrillator Typ	pe(s):

Outcome	4
Time Resuscitation Event Ended:	
Reason Resuscitation Ended:	
□ Survived – Return of Circulation	(ROC) >20 min
□ Died – Efforts Terminated (No S	ustained ROC)

T	Puls	ie .				Breat	hing		e de				olus Me given b						sions c per h	_	11	
Time	Spontaneous Assisted Bhasisted Coba	Joules	Epinephrine	Atropine	Sodium Bicarbonate	Adenosine	Amiodarone	Lidocaine	Dopamine	Dobutamine	Epinephrine	Norepinephrine	Other Infusions /Volume replacement or Blood products given	Comments								
3:27	-										/					-	_			-	Resuscitation stopped	
5:28			_	-	-	PEA							-	7	-	-					resistation supper	
-				-	-																« ECHO done - »/ ple condiac contrac utrasourl of the con plan / pulse	effect but no
																					condiac contrac	tions
									-	-	_	-	-	-	-	-		-	-	-	Weasour of the con	Had done - no be
			-	+	-	-							-		+		\vdash				pour parec	17
-			-	-	+	1																
													_	-	-	-	-		-	-		
			-		-	-	-	-	-	-		-	+	+	-	+	-	+	-	+		
		-	+	+	-	+		-		-	-	-	1		-							

DSOUTSCHIMC-Rev.-Jr

-Sinus Tachycardia

:33

P-Blood Pressure

ith * if given via ET

HOS 060023

1

Time Event Recognized 6		
Arrway/ Ventilation Breathing Ventilation Intubation Confirmation Spontaneous Bag-Valve-Mask Time: Auscultation Time Chest Compressions Started: Impedance Threshold Device used? Yes No Time: Survived – Return of Circ Pacemaker On; Yes No Time: Defibrillator Type(s):	inded: Circulation (ROC) >20 min	
Pulse Breathing Bolus Medications Infusions (* if given by ET Tube) Dose / cc per hr		
Lime Atropine Bb. Soontaneous Sodium Adenosine Cbu Manua Assisted Atropine Cbu Manua	Comments	
04:19 112 55 108/90 10°L 7 pup	agil reachue to ligi	

	Pul	se				Brea	ithing			Type				dolus Me f given t						sions cc per h	r					
Time	Spontaneous	Assisted	HR	Rhythm	Rhythm	Rhythm	Rhythm	BP	Spontaneous	Assisted	SpO2	CPR	Defibrillator T AED / Manu	Joules	Epinephrine	Atropine	Sodium Bicarbonate	Adenosine	Amiodarone	Lidocaine	Dopamine	Dobutamine	Epinephrine	Norepinephrine	Other Infusions /Volume replacement or Blood products given	Comments
04:19	/		112	57	108/90		/	Inil							niei i								¿ pupil reachip to light			
04:24	-		108	ST	113/83		_	1000/1						A S			1650		1			Morepinephrine O. Imag startal	+ NS JODWILL			
04:45	/		118	ST	P4 48		/	1000														tentany I soma given				
04:55	/		113	st	164/74	- 12	1	100%							300							Morepinephrine 0-ling started tentany 1 somon given Patient reached 16050				
323		O.E.												i i												
						17.5								FR												
								700																		
51-11																										

cardia sure la ET

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